



1969 Central Avenue
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Clerk Treasurers' Office
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REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

By completing this form, you are helping us administer the Access to Public Records Act.

NAME: _____ TELEPHONE NO. _____

E-MAIL _____

ADDRESS: _____
(street) (City) (State/Zip)

Date of request: _____ Time of request: _____

Please identify with reasonable particularity the record(s) being requested.

This is a request for you to allow me to inspect the records and review and mark the document(s) I would like copied.

Signature of requesting person

FOR OFFICE USE ONLY:

Date and time request received

Name of person receiving request